

| | | | |
|---|--|--|--|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. 0092061_DIV1 | |
| | | First Inventor Gary Paul Gray | |
| | | Title Eye Registration and Astigmatism Alignment Control Systems and Method | |
| | | Express Mail Label No. EV301515646US | |

| | |
|--|---|
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450 |
|--|---|

| | |
|---|--|
| <input type="checkbox"/> Applicant claim small entity status. See 37 CFR 1.27 <input checked="" type="checkbox"/> Specification [28] Total Pages <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [10] Total Sheets <input checked="" type="checkbox"/> Suggested drawing figure to be published: Fig. [2] <input type="checkbox"/> Oath and Declaration [] Total Pages <input type="checkbox"/> Newly executed (original or copy) <input type="checkbox"/> Copy from prior application (37 CFR 1.63 (d)) <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO SB 8A <input type="checkbox"/> Copies of cited references | <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) Assignee Information Name <u>Alcon, Inc.</u> Address <u>Hunenberg</u> <input type="checkbox"/> Nonpublication Request Under 35 USC 122(b)(2)(B)(i) <input type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <input type="checkbox"/> |
|---|--|

If a CONTINUING APPLICATION check appropriate box

☐ Continuation
 ☒ Divisional
 ☐ Continuation-in-part (CIP)
 Prior Application No. 09/838,665

Prior application information
 Examiner Andrew M. Dolinar
 Art Unit 3747

For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| CLAIMS AS FILED | | | | |
|--------------------------|-----------|-----------|------|-----|
| | No. Filed | No. Extra | Rate | Fee |
| Total Claims | | | | |
| Independent Claims | | | | |
| Assignment Recording Fee | | | | |
| Basic Filing Fee | | | | |
| TOTAL FILING FEE | | | | |

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | NO FEE AND NO AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT. |
| <input type="checkbox"/> | The Commissioner is authorized to charge or credit any discrepancies in the fee amount to Deposit Account: 01-0484. |

| CORRESPONDENCE ADDRESS | | | |
|-------------------------------------|---|-------|---|
| <input checked="" type="checkbox"/> | Customer Number or Bar Code Label | 09355 | or <input type="checkbox"/> |
| | <small>Insert Customer No. or Attach bar code label here)</small> | | <small>Correspondence address below</small> |

| | | | | | |
|----------------|--|------------------|--------------|------------|--------------|
| Name | Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A. | | | | |
| Address | 255 South Orange Avenue | | | | |
| | Suite 1401, P.O. Box 3791 | | | | |
| City | Orlando | State | FL | Zip | 32802-3791 |
| Country | US | Telephone | 407-841-2330 | Fax | 407-841-2343 |

| | | | |
|--------------------------|----------------------------|--|----------------------------------|
| Name (Print/Type) | Jacqueline E. Hartt, Ph.D. | Registration No. (Attorney/Agent) | 37,845 |
| Signature | | | Date December 11, 2003 |